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# IN THE UNITED STATES DISTRICT COURT FOR THE MIDDLE DISTRICT OF TENNESSEE U.S. DISTRICT COURT

NOV 0 6 2017

			Name of the Control o	DIVISION	MID. DIST. TENN	
MA	uri	ce	A. Bradford,	)		
	(Na	me)		) (List the names o	f all the plaintiffs filing	
47	707	14		) this lawsuit. Do	not use "et al." Attach	
	(Pri	son	Id. No.)	) additional sheets	s if necessary.)	
-	(Na	me)	<i>_</i>	)		
	(144			) Civil Action No		
	(Pri	son	ld. No.)		by the Clerk's Office.	
		ı	Plaintiff(s)	)		
v.				) JURY TRIAL REQU	ESTED XYESNO	
Sho TOOC Come	41551	me)		(List the names of against whom yo lawsuit. Do you u additional sheets	u are filing this ıse "et al." Attach	
	(IVA	mej	9	) additional sheets	ij necessary.)	
		[	Defendant(s)	í		
	*		COMPLAINT FOR VIOLATI PURSUANT TO	ION OF CIVIL RIGHTS FILEI 42 U.S.C. § 1983	D	
ı.	PAR	TIES	TO THIS LAWSUIT			
	A.	Plai	ntiff(s) bringing this lawsuit:			
		1.	Name of the first plaintiff: Merison I.D. No. of the first plaint Address of the first plaintiff: Merison I.G. Commerce St.	IONTGOMERY COUNT	y Jail	
		Stat	tus of Plaintiff: CONVICTED (X	) PRETRIAL DETAINE	EE ()	
	2. Name of the second plaintiff:					
		Stat	cus of Plaintiff: CONVICTED (	) PRETRIAL DETAINE	E ( )	

(Include the name of the institution and mailing address with zip code for each plaintiff. If any plaintiff changes his or her address, he or she must notify the Court immediately. If there are more than two plaintiffs, list their names, prison identification numbers, and addresses on a separate sheet of paper.)

Def	endant(s) against whom this lawsuit is being brought:
1.	Name of the first defendant: Sheriff Foley Place of employment of the first defendant: Montgomery County Sheriff's department First defendant's address: IIG Commerce St. Clarksville, TN. 37046
	Named in official capacity? YesNo Named in individual capacity? YesNo
2.	Name of the second defendant: Commissioner of TDOC Tony C. Parker Place of employment of the second defendant: Tenneessee Department of Corrections  Second defendant's address: 320 sixth Ave North, Nashville, TN. 37243-0465
	Named in official capacity? YesNo Named in individual capacity? YesNo
para It, a	re than two defendants against whom you are bringing this lawsuit, you must the sheet of paper the name of each additional defendant, his or her place of address, and the capacity in which you are suing that defendant. If you do not see of such additional defendants, they will not be included in your lawsuit. If

(If there are list on a sep employmen provide the names of such additional defendants, they will not be included in your lawsuit. If you do not provide each defendant's proper name, place of employment, and address, the Clerk will be unable to serve that defendant should process issue.)

#### 11. JURISDICTION

В.

A. Jurisdiction is asserted pursuant to 42 U.S.C. § 1983 (applies to state prisoners). Jurisdiction is also invoked pursuant to 28 U.S.C. § 1343(a)(3).

If you wish to assert jurisdiction under different or additional statutes, you may list them below:

Defendant	
contined from 1 (B)	
Name of Third Defendant: MS. Whitehead (TDOC Liason Place of employment of the Third defendant: Montgomery County Third defendant address: 116 Commerce st. Clarksville, To	Jeil
Named in official Capacity X Yes No	
Mamed in indivisual Charcity X Yes NO	

	VIO	US LAWSUITS (The following information must be provided by each plaintiff.)
•	Uni	re you or any of the other plaintiffs in this lawsuit filed any other lawsuit(s) in the ted States District Court for the Middle District of Tennessee, or in any other eral or state court?  YesNo
i	If yo	ou checked the box marked "Yes" above, provide the following information:
	1.	Parties to the previous lawsuit:
		Plaintiffs MAURICE A. Bradford
		Defendants Officer Moody / Vigo County Jail
	2.	In what court did you file the previous lawsuit? Federal Court EVANSUITE, IN
		(If you filed the lawsuit in federal court, provide the name of the District. If you filed the lawsuit in state court, provide the name of the state and the county.)
	3.	What was the case number of the previous lawsuit?
	4.	What was the Judge's name to whom the case was assigned?
	5.	What type of case was it (for example, habeas corpus or civil rights action)?  Civil Rights Action
	6.	When did you file the previous lawsuit? (Provide the year, if you do not know the exact date.) _ Z O O 9
	7.	What was the result of the previous lawsuit? For example, was the case dismissed or appealed, or is it still pending?
	8.	When was the previous lawsuit decided by the court? (Provide the year, if you do not know the exact date.)
	9.	Did the circumstances of the prior lawsuit involve the same facts or circumstances that you are alleging in this lawsuit?YesNo

III.

## IV. EXHAUSTION

A.	Are the facts of your lawsuit related to your present confinement?
	<u></u> X_YesNo
B.	If you checked the box marked "No" in question III.B above, provide the name and address of the prison or jail to which the facts of this lawsuit pertain.
C.	Do the facts of your lawsuit relate to your confinement in a Tennessee state prison?
	YesNo
	(If you checked the box marked "No," proceed to question IV.G. If you checked the box marked "Yes," proceed to question IV.D.)
D.	Have you presented these facts to the prison authorities through the state grievance procedure? YesNo
E.	If you checked the box marked "Yes" in question III.D above:
	1. What steps did you take?
	2. What was the response of prison authorities?
F.	If you checked the box marked "No" in question IV.D above, explain why not
G.	Do the facts of your lawsuit pertain to your confinement in a detention facility operated by city or county law enforcement agencies (for example, city or county jail, workhouse, etc.)?  Yes  No
Н.	If "Yes" to the question above, have you presented these facts to the authorities who operate the detention facility?X_YesNo
I.	If you checked the box marked "Yes" in question III.H above:
	1. What steps did you take? The Grievance Procedure and Appeal

2.	What was the response of the authorities who run the detention facility?
	I was told "That's why inmates furlow
	out to Re-habs"
If w	ou checked the box marked "No" in question IV.H above, explain why not
11 V	ou checkeu the box markeu no in question iv it above, explain why not.

#### V. CAUSE OF ACTION

Briefly explain which of your constitutional rights were violated:

The lack of educational and Re-hab programs in A TDOC Facility, Hossing State Immates for entire sentences, and being Housed with County and Pre-trial detainees, violates the 8th and 14th Amendments

### VI. STATEMENT OF FACTS

State the relevant facts of your case as briefly as possible. Include the dates when the incidents or events occurred, where they occurred, and how each defendant was involved. Be sure to include the names of other persons involved and the dates and places of their involvement.

If you set forth more than one claim, number each claim separately and set forth each claim in a separate paragraph. Attach additional sheets, if necessary. Use 8 ½ inch x 11 inch paper. Write on one side only, and leave a 1-inch margin on all 4 sides.

On actober 15,2017 I filed a Grievance on the T.D.O.C. Lipson Ms. Whitehead in regards to the lack of Programs being enforced in this T.D.O.C. Facility. On October 17,2017, Ms. whitehead told Me in person that her and Sheriff Foley have been "Talking" about getting programs in Place. The T.D.O.C. Lipson Means that she is the person placed at the facility by Commissioner Tony C. Parver to enforce such programs. At the Current time sixty-one State Immates are being forced to complete sentences and meet Parale Boards with offered by programs in Prison. Violating 14" Amendment to due Process. Since the Lipson, Ms. whitehead is the Commissioners on site designee, he must be held accountible for her lack of action as well. As well as Sheriff Foley, considering it is the Sherriffs Department.

Montgomery County Sheriffs Department has been A T.D.O.C. FACILITY FOR OF ABOUT SIX (6) YEARS. I CANNOT EVEN give AN estimate of bow MANY State INMATES have served their entire sentence. without any assistance in education, without any Assistance with substance ABUSE, or ANY other special needs programs set in place for the Inmate. TENNIESSEE STATE Prisons Offer State Inimates A VARIETY of programs that offer time cuts upon completion, but more importantly they offer infor-MATION AND CERTIFICATES that will help that Indivisual with better decision making skills, and a higher possibility ON obtaining employment. To dany a person these opportunities because of prison over-crowdedness is cruel and unusual Punishment, in which the people are protected from through the eighth AMERICAMENT OF the Constitution of the United States of America. Therefore, Sheriff Foley, T.D.O.C. LIASON Ms. Whitehead, And Commissioner of T.D.O.C. Tony C. Parker having knowledge of this violation, should and will be held accountabe.

VII. RELIEF REQUESTED: State exactly what you want the Court to order each defendant to
do for you.
Considering the MAGNITUDE of the Situation, I AM requesting
This Honorable Court to impose Punitive DAMMARS on the
Sheriff's Department in the amount of \$610,000.
I'AM Requesting that this Honorable Court impose Punitive
dAMAGES AN TENNESSE DEPARTMENT OF CORRECTIONS COMMISSIONER TONL C.
Parker in the amount of \$ 1,000,000. I'm requesting this Howard
court to order Ms. Whitehead to resign As T.D.O.C. Liason.
I request a jury trial. YesNo
VIII. CERTIFICATION
I (we) certify under the penalty of perjury that the foregoing complaint is true to the best of my
(our) information, knowledge and belief.
Mi P
Signature: Date:
Prison Id. No. 47074
Address (Include the city, state and zip code.): 116 Commerce Street
Chicksonic, mi Sibile
Signature: Date:
Prison Id. No
Address (Include the city, state and zip code.):

<u>ALL PLAINTIFFS MUST SIGN AND DATE THE COMPLAINT</u>, and provide the information requested above. If there are more than two plaintiffs, attach a separate sheet of paper with their signatures, dates, prison identification numbers, and addresses.

ALL PLAINTIFFS MUST COMPLETE, SIGN, AND DATE SEPARATE APPLICATIONS TO PROCEED IN DISTRICT COURT WITHOUT PREPAYING FEES OR COSTS, if not paying the civil filing fee.

SUBMIT THE COMPLAINT AND (1) THE REQUIRED FILING FEE OR (2) COMPLETED APPLICATION TO PROCEED IN DISTRICT COURT WITHOUT PREPAYING FEES AND COSTS TOGETHER. Complaints received without the required filing fee or application to proceed without prepayment of fees will be returned. Filing fees and applications to proceed without prepayment of fees submitted without a complaint will be returned.

Maurice A. Bradford #47074 Montgonthy County Jail 116 Commerce Street Clarksville, Th. 37040



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Clerk, U.S. District Court U.S. Courthouse Room 800 Nashville, Tennessee 37203